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INFLUENCE OF MALARIOUS ATMOSPHERE IN THE PREVENTION
AND CURE OF PHTHISIS PULMONALIS.

BY MORACE GREEN, M.D., OF NEW YORK, PROF. OF THE THEORY AND PRACTICE OF
MEDICINE IN THE VT. ACADEMY OF MEDICINE.

DURING the ten years preceding 1836, I was engaged in a somewhat extensive country practice, in Rutland, Vt.—a place where pulmonary affections are unusually rife. In the commencement of my practice there, I was led to observe that, whilst the deaths of nearly one half of the adults who died at this place were caused by consumption, other places, in its immediate vicinity, were almost entirely exempt from the disease. This fact early led me to inquire why the inhabitants of places so immediately contiguous to each other, and, apparently, subjected to the same influences of climate, habits, &c., should be so widely different in the degree of immunity from this disease? It is only a few of the results of these inquiries that I propose, at this time, to submit to the reader.

Rutland is situated on the west side of the Green Mountains, and contains about three thousand inhabitants. It is divided into two parishes by Otter Creek, which runs through the centre of the town. The soil, which is alluvial, is wet and loamy, the atmosphere humid. The climate, during the spring and autumn, is extremely variable. The summers hot, and the winters long and cold. The thermometer, for many days during the summer, will range from 80 to 96 degrees Fahrenheit, and, in winter, it has frequently fallen to 18, 20, and even 26 degrees below zero. The number of deaths in Rutland, for the last ten years, has been three hundred and eighty. The number of adults (over twenty years) about one hundred and eighty. Of this last number, nearly one half have died of phthisis pulmonalis. The cold and humid climate, the vicissitudes of temperature, and the long and severe winters, may account for this unusual frequency of pulmonary diseases.

Whitehall, in Washington County, N. Y., is about 20 miles west of Rutland, and contains about the same number of inhabitants. It is situated at the mouth of Wood Creek, which empties into Lake Champlain. This town is bounded on one side by low, marshy grounds, which are filled with stagnant waters, and from which, during the summer months, malarious exhalations are constantly rising; producing, in the vicinity, an abundance of intermittent and remittent fevers. Indeed, so common are intermittents here, that the remark has become prover-

bial, "To go to Whitehall, is to get the ague and fever." Yet consumption is seldom or never known in Whitehall. I have been at much pains in making inquiry, and I have not been able to learn that a single unequivocal case of *indigenous* phthisis has occurred in Whitehall during the last 10 years. All the other lake towns in that region, so far as I have been able to ascertain, where intermittents prevail, are equally exempt from pulmonary phthisis. From these facts, and others which I shall mention, I have been so well convinced of the incompatibility of consumption and intermittents, that, for several years, I have been in the practice of advising my consumptive patients to visit places where an aguish atmosphere prevailed. In many instances the result has been decidedly beneficial.

The following are a few cases illustrative of its effects :

Case I.—A young lady, aged 16, had been laboring, for several months, under symptoms of incipient phthisis. She was hereditarily predisposed to the disease. Her mother and an elder sister had died of consumption ; and several near relations on her father's side. The prominent symptoms were, a short, dry cough ; pain in the left side ; a burning in the palms of the hands—particularly at night ; dyspnoea following the least exercise ; lassitude, &c. Symptoms which were remarked by herself and the family as being the same with which her elder sister, who had died, had been affected. With the other members of the family, medicine had had, apparently, no salutary effect. Indeed, it seemed to have hurried them with greater rapidity to the grave. Under these circumstances, I advised her father to send her into the vicinity of the lakes, where she might be subjected to the influence of an *intermittent* atmosphere. For this purpose she spent the summer of 1831 in Whitehall. She had not been there many months before there was an evident improvement in her symptoms. Before the close of summer she had an attack of intermittent fever. It was slight—having ceased after one or two paroxysms. Her improvement, after this, was rapid ; and, before winter, she returned to her father with restored health. She is now married to a gentleman in New York, and up to the present time has enjoyed uninterrupted health.

Case II.—Was that of a lady aged about 30, who also had the hereditary taint. For several years she had been threatened with consumption ; but by care and prudent management, the disease, for a long time, was kept at bay. At length her symptoms became more alarming, being decidedly those which mark the incipient stage of phthisis pulmonalis. Aware of her danger, she was induced, in 1830, to take up her residence in one of the lake towns, where she could enjoy the benefit of an intermittent atmosphere. A few months after her removal to this place, I saw her, and found her restored to almost perfect health. She is still residing in that town, and in the enjoyment of good health, having had no return of her pulmonary affection.

The two following cases came under my observation in this city.

Case III.—A young gentleman, about 24 years old, of a consumptive family, suffered severely from an attack of the influenza, which prevailed to some extent in New York, in the winter of 1837. He

came under my care in the latter part of that winter, at which time he exhibited the following symptoms: A frequent, hard cough, unattended with much expectoration; constant pain in the chest; pulse 100; debility; loss of appetite; tongue coated; respiration a little accelerated; skin hot and dry, during the latter part of the day, with some perspiration at night.

The ordinary remedies were employed, which were followed with some abatement of the cough and the pain in the chest.

On the 10th day after I first saw him, he commenced expectorating blood, which continued several days. At the end of three weeks, his strength had improved and his cough had considerably abated; but as these primary symptoms of a pulmonary affection still remained in a great degree, I advised his leaving the city and seeking a more genial clime.

He went first to Ohio, where he remained several months; and from thence to Michigan, where, in the spring of 1838, he had an attack of intermittent fever. He returned to this city, about six months ago, in perfect health; not a vestige of that affection remaining, which he carried away with him.

Case IV.—Is that of my friend Dr. Z. H. Harris, of this city, who has kindly furnished me with the facts in relation to it.

In Nov., 1836, Dr. H. caught a severe cold, which was followed by a cough, and, in a week or two, with an expectoration of purulent matter. His cough continuing about three weeks from the attack, hæmoptysis supervened, and this was followed, for some time, with a bloody expectoration.

These symptoms of phthisis becoming more alarming, as the winter advanced, he relinquished his practice and sailed for Mobile, early in January, 1838. So unfavorable did his symptoms appear, at this time, that one of the oldest and most experienced physicians of this city remarked to me, after taking leave of him, that "the Dr. would never live to return to New York."

On the 4th of February he arrived at Mobile, where he remained several months; but went to New Orleans the June following, and from thence to Indiana; where, in August of the same year, he had an attack of ague, which continued for some time. About eight months since he returned to New York in confirmed health, and renewed his practice.

This very day, November the 20th, Dr. Harris visited me, at my office, in good health, and related to me the facts in his case.

I could enumerate other cases which have come under my observation, but will only allude to one other, the history of which was communicated to me by my friend Dr. Woodward, formerly Prof. of Surgery in the Vt. Academy of Medicine. Some time since, a young woman laboring under consumption—apparently in its confirmed, secondary stage—was brought to Castleton, the residence of Professor Woodward, to die among her friends. Her mother resided upon the borders of a small marshy lake, in the westerly part of the town—a neighborhood where all new residents are sure to be affected with intermittent fever. Thither she was carried, and Dr. Woodward was called to attend upon her. He

found her, as he informed me, exhibiting every symptom of ulcerated lungs. Indeed, so apparently hopeless was the case, that the medicines he prescribed were merely palliative; and he informed her friends that no permanent benefit could be expected, in her case, from the adoption of any means.

Several months after this, being in that neighborhood, he learned, with surprise, that his patient was recovering; and on calling to see her, he, in fact, found her nearly restored. Her cough and every other unfavorable symptom had left her. Her health since has been permanently established.

Dr. Woodward gave it as his opinion, that in this case—as well as in some other similar ones with which he has been familiar—the persons were restored to health by breathing an intermittent atmosphere.

In connection with Rutland and this subject, I would allude to one fact, which may not be uninteresting. I have said that this town was divided by Otter Creek. Across this stream, in 1792, a dam was built opposite the village of East Rutland. This obstruction was sufficient to set the water back a distance of three miles; and to cause several hundred acres of swampy land to be overflowed. The next year ague and fever, a disease hitherto unknown in Rutland, made its appearance among the inhabitants living on the borders of this stream. It soon extended to the village of Rutland, which is about one mile from the stream, and during the six or eight succeeding years, almost all the inhabitants were affected with intermittent fever. So general was the disease, and so apparent the cause, that the inhabitants petitioned the Legislature to have the obstruction removed. An act was passed accordingly; and in 1800 the dam was taken away. Intermittent fever immediately disappeared, and from that time to the present has not again recurred. But the fact to which I allude is this. On inquiry of the older inhabitants, I learn that during this period of the prevalence of ague and fever, pulmonary diseases were arrested, and the consumption did not again make its appearance until some time after intermittents had disappeared.

If we examine into the past history of our own city, the same facts will be established. Cadwallader Colden, who wrote an account of the climate and diseases of New York, more than one hundred years ago, says, in speaking of the diseases of that day, "We have few consumptions or diseases of the lungs. I never heard of a broken-winded horse in this country. People inclined to consumption in England, are often perfectly cured by our fine air." It would seem that the climate, at this early period of our country, when the winters were long and intensely cold, would have been much better calculated to induce pulmonary affections than it is at the present day.

According to the testimony of the same writer, the winter then commenced about the middle of November, and continued severe until March. During this period the Hudson river was often "frozen over at the town, where it is about two miles broad and the water very salt, so that people passed over upon the ice in crowds."

At that time, and for many years subsequent to that period, New York was surrounded with lagoons, and marshy grounds, from whence,

during the summer months, those malarious exhalations arose, which so often proved the exciting cause of "intermittent fevers, cholera morbus and fluxes," which, as the above writer states, were the prevailing diseases of that day.

As improvements have progressed, these fenny grounds and stagnant waters have been drained off, the sunken places filled up, and intermittent fevers have as gradually declined. But with this declension of ague, phthisis pulmonalis has steadily and fearfully increased.

Dr. Morton, in his work on Pulmonary Consumption, observes: "I am satisfied, however, that intermittent fever has not, in this section of the country, proved a preventive against consumption. On the contrary, I have known persons whose constitutions were broken up by incessant attacks of ague and fever, to die of rapidly developed phthisis." But it is not advocated that an attack of intermittent fever, like vaccinia, will shield the system thereafter from a more fatal disease. Had Dr. Morton witnessed, as I am confident I have, the salutary influence of a continued aguish atmosphere upon phthisical patients, he would have viewed its effects in a different light. I have repeatedly seen symptoms of incipient pulmonary affections—such as usually precede, and, in other cases when neglected, such as have ended in confirmed phthisis—entirely eradicated by a removal to malarious districts; and that, too, when the individuals have never suffered from an ague attack. It is not over medication that removes disease, but a judicious and prudent application of remedial agents.

This subject—the influence of climate upon diseases—especially the varied climate of our own country, has not, I am confident, received that attention from medical men which its importance demands. If, indeed, it be true, as some naturalists assert, that "the infinite variety of form, color, constitution, and moral character, which the different nations, tribes and races present upon the surface of this globe, have been marked by the slow hand of time, through the instrumentality of climate," what may not be expected from the same agent, in the cure of diseases, when the physical properties of climates, in their different localities, shall be thoroughly investigated, and their influence upon the human constitution, and their *modus operandi* upon diseases, shall be distinctly understood?—*N. Y. Journal of Medicine and Surgery.*

MEDICAL REMINISCENCES.—NO. I.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having been confined for a few days by lameness, I took occasion to look over some of my former records of facts with respect to bills of mortality in the town of my former residence. Wethersfield, Ct., situated on the banks of the Connecticut river, is a fertile town, having an extensive meadow on all its border contiguous to the river. Some part of this meadow is quite low, and is often covered with still water, left by floods in the spring, which usually cover the surface of many hundred acres, leaving a deposit which enriches the soil and makes vega-

tation very luxuriant. Occasional floods, also, take place in the summer and autumnal months, when the earth is covered with vegetation, which, left to decay after the subsiding of the water, becomes a fruitful source of malaria. Autumnal fevers were very frequent in the town; scarcely a season passed without the occurrence of from fifty to one hundred cases in the months of August, September and October; some years there were less, and some more. At times dysentery took the place of the common autumnal disease. One year there occurred about 150 cases of dysentery in the course of a few weeks, the first of which came with a mild form of the disease from the city of New York.

The village of Wethersfield contained, for many years, about 2000 inhabitants; and the town, including two other villages, about 4000, or a little less. The Rev. Dr. Marsh and the Rev. Dr. Tenney, both most respectable clergymen, kept a remarkably accurate table of mortality, from which the following items were taken.

From the year 1775 to the year 1815, inclusive, the average number of deaths was 33 per annum, or 1 of about 60 of the population. From 1815 to 1826, a period of 10 years, the average mortality was 28, which is 1 of 71. In the year 1826 there were in the village more than 80 persons over 70 years of age, and more than 20 of them were over 80, and a few over 90.

In one of the other villages more distant from the river, containing about 650 inhabitants, the following facts were obtained from a source entitled to the fullest confidence.

For 80 years preceding 1826, there had been an average mortality of $8\frac{1}{2}$ per annum, which is 1 of 81 of the inhabitants. In 22 years, ending with 1826, there were 202 deaths: 30 of consumption, 26 of fever, 15 of pleurisy and pneumonia, &c. The greatest number of deaths that occurred in any one year was 18, and the least 2.

This town has varied less in its population than most towns of New England. It was settled in 1635, has been principally an agricultural town, and has few if any more inhabitants now, than during the Revolutionary war, when it was one of the most considerable towns in the State, and at the time of Arnold's defection was the winter quarters of Gen. Washington, Count Rochambeau and other distinguished officers of the American army.

It will not be improper to remark here, that this town had considerable foreign commerce up to the time of the embargo and non-intercourse law, and has at all times had considerable coasting trade, and many seamen exposed to the perils of the deep, and the vicissitudes incident to the sailor's life. Scarcely a year passed, during my residence of more than twenty years in the town, in which more or less lives were not lost by accidents or diseases in foreign climates, which had no inconsiderable influence to increase the bills of mortality.

In my native village, situated on the hills of Litchfield County, Con., my father was the only physician for more than half a century. The village varied in population from 650 to 750, and averaged, for 60 years, about 700. The average number of deaths was 7, or 1 of 100 of the inhabitants. In 1813 the *typhoid pneumonia* proved a terrible scourge

to the country about, in which this village participated, and many cases proved fatal. Previous to this epidemic, for many years the fatality was from 5 to 6 on an average, and did not exceed 1 of 125 of the population. One year, one infant only died. The average deaths from pulmonary consumption, were from 3 to 4, full half that occurred in the village.

I hope I may be pardoned, Mr. Editor, for giving you the longevity of my own ancestors in this connection, as they were all residents in this neighborhood, and many of them in this village.

My paternal grandfather and grandmother lived to a great age; they were connected in marriage 69 years and 10 months. They had nine children, all of whom survived them—7 sons and 2 daughters. My grandfather died at the age of 93, my grandmother at the age of 95. The eldest son died at 91; the second died of the 15th attack of pleurisy, at 75; the third died at 85, the fourth at 84, the fifth at 81, the seventh at 85, which was my father; and the sixth still survives, a healthy, vigorous man, aged 93. The eldest daughter of my grandparents died at 87, and the youngest at 76.

My maternal grandfather lived to be 78 years of age. My maternal grandmother died at 40, of pulmonary consumption. They had 3 daughters and 4 sons. The eldest daughter died at 86, the second about 80, and the third at 78. The eldest son died at 63; the second at 52, of a bilious fever, in the western country. The two youngest still live in their native village, one about 72, and the other 69. All these people lived in the "good old New-England fashion," usually eat animal food once or twice daily, were generally temperate, drank moderately of cider, and still more moderately of wine and distilled spirits.

Worcester, Feb. 4th, 1840.

S. B. WOODWARD.

TREATMENT OF HERNIA.

[Extracted from the letter of a Correspondent.]

EXPERIENCE has now, I think, abundantly proved that in all cases of *reducible* hernia, a proper degree of *pressure*, judiciously applied, and unremittingly persevered in, will, in the course of a few weeks, effectually prevent the protrusion of the bowel. This being accomplished, it is equally certain that if a due degree of pressure be then continued for twelve or eighteen months, varying it from time to time according to the exigencies of the case, as the irritability of the parts and consequent inflammation may render necessary, a change is produced in and about the hernial orifice, that afterwards retains the bowel without the further aid of instruments; in other words, a radical cure is effected. Whether this be the result of "condensation of the cellular substance," "calculus," or "inflammation," or of all combined, is a physiological question for yourself or others to answer. I am accountable only for the fact.

The greatest obstacle in the successful treatment of hernia, is the difficulty of controlling the patient. Physicians so seldom superintend the treatment of this class of patients themselves, that the idea almost

universally prevails that when the truss is applied, no further attention is needed, when in fact the duty of the surgeon only then commences. It is true, that in some rare cases the cure goes on uninterruptedly. From the first application of the instrument the hernia never makes its appearance. But generally the object is not accomplished so easily. The best application to-day may require alteration to-morrow, and again the next day, and in very many cases several weeks' perseverance in the use of instruments is necessary, before the block is made to rest securely over the hernial orifice, and the bowel can be perfectly retained.

In regard to the means employed, I consider a hard block of wood, shaped to the anatomical structure of the part, an indispensable prerequisite in all cases in which the patient is encouraged to expect a radical cure. The common objections to the wooden block do not apply unless it be of improper shape, or be permitted to rest on improper parts, or is pressed with too firm a spring. Patients who undertake the management of their own case, often return in a few days, in great distress, from mal-position of the block. It will generally be found resting on Poupart's ligament, or encroaching upon the os pubis, pressing the spermatic cord between the block and bone. A little discipline of this sort does not very essentially retard the cure. It being a lesson the patient does not very soon forget, fear of its recurrence renders him more manageable during the future treatment.

An answer to the inquiry, "to what kind of truss do you give the preference?" would require more space than a letter, if accompanied with reasons for such preference. From the circumstance of my having, for several years, directed my attention somewhat more to this particular branch of surgical practice than my neighbors, patients have presented in sufficient numbers to afford ample opportunity to acquire some experimental knowledge of the use and application of instruments, and of judging in some degree of their comparative value, in the treatment of the disease. But few trusses have been offered to the public for the last fifteen years, that I have not tested in actual practice, and endeavored impartially to compare with others in common use. While all are found to possess some one or more good qualities to recommend them, in none other have I found that *combination of all* the requisites necessary to the certain and effectual retention of the bowel, that I have found in Dr. Chase's. The several varieties of his instruments being adapted to all the different forms in which the disease usually presents itself in practice, has enabled me to accomplish what I never could with any other truss. There are others with which we can apply as much pressure, and even more; but this is the only instrument with which I can apply it in the *very way* and to just the *extent* I wish, and with so little inconvenience to the patient.* And I know of no other truss that bears very decisive evidence that its inventor or manufacturer possessed any accurate knowledge of the anatomical distinction between the various species of hernia existing in the femoral and inguinal regions. If they

* I would, in justice to myself, here observe that I have no interest whatever in the manufacture or sale of Dr. Chase's trusses, or any other. I use those in practice that will best answer my purpose, regardless of their name or place of manufacture. Should future improvements in others supersede Dr. Chase's, I shall not be slow to adopt them.

were apprised of the fact, the knowledge did not seem to influence the shape or construction of their instruments, as the same formation of pad and of spring is made to bear on the tumor in femoral hernia, as in inguinal; and in ventro-inguinal, as in either. This single fact, viewed in its proper light, in connection with the varying circumstances, and pathological distinctions, under which the disease presents itself, must show the futility of any attempt to treat it successfully by means of a single instrument. It is as unreasonable as to undertake to fulfil the indications in the ever varying forms of general disease with Brandreth's pills, or any other pretended specific.

Impressed with the truth of these facts (and I believe them incontrovertible) it is with some surprise that I notice a truss advertised in all your city papers, apparently sanctioned and approved by your most distinguished practitioners, a prominent recommendation of which is that it "*is equally well adapted to all the varieties of hernia*"! Had these eminent surgeons been in the practice of treating their own patients, instead of sending them to mechanics for trusses, they would not have endorsed such an inconsistency. The assertion that the same instrument is equally applicable in femoral as in inguinal hernia, proves either that it is not well calculated for either, or that the person making the assertion has no *practical knowledge* in the application of instruments in the treatment of the disease.

MEDICAL FEES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In reading your Journal of January 29, I was much pleased with your remarks on "*Fees of Physicians.*" As you have publicly broached the subject, why not make an attempt at reform? It is very true that many physicians are made to toil hard, night and day, in foul weather or fair, and wear out a life of usefulness, yet are not able to accumulate anything for their future wants, in case of sickness or old age. There are but few practising physicians who might not lay up something against a time of necessity, if they were not *obliged to lose* so much of their just earnings. The writer of this feels very seriously the sad effects of the advantage which has been taken in relation to collecting his just dues. There are many who, when sick, will make their calculations to defray all their expenses but *the doctor's bill*. When this is presented, poverty is pleaded, sickness has distressed the family, and there is no other way, in the person's mind, than to avoid the debt by saying, I will pay if I am ever able, but now I have nothing. However, it is my sincere opinion, if this person had laid out as much as the amount of his medical attendance for family *superfluities*, he would not hesitate to pay it; this is too often done. To be sure, there are cases of exception, and many families may be sick which are honestly poor. It must be acknowledged that it is difficult for one or two to adopt any regular rules in making a change; and rather than to hurt his own fame or name among his customers, he submits to the loss and

runs the risk, perhaps thinking that he will be more than remunerated by the patronage and notice of others, who may be better able to pay. As far as my experience and observation extend, I find there are but few, indeed, who are willing to have their bills enlarged, if they be rich, at the expense of the poor. The rich say, I am willing to pay my own bills—but my neighbors must pay theirs. "Here is the rub." Physicians in general not having any *fixed* rules and regulations as to *exact prices*, and no precise way adopted for collecting, and the public being under no particular restraint, it is the case that one physician will practise oftentimes much cheaper than another, for the sake of getting the custom—when at the same time, the one who is undermined does not charge any more than what he ought in justice. This is not right. I do not mean to advocate exorbitant fees, but only what is right and just—and on this broad and fair principle every one ought to act. There are many people who are chiefly governed by what a doctor charges, more than by his superior skill. Skill, generally speaking, is of little consequence, if a few dollars are likely to be charged *less* by an ignoramus.

For one, I think there is much need of having something done throughout the State, in remedying this general evil. I am very sensible that I have lost enough, in the course of my twenty years' practice, to render my situation, in every respect, very comfortable—and to enable my family, with proper prudence, to have enough without any fear of future dependence. But it is not so. And why? Because so much of my just earnings have been relinquished to those who felt as though they ought to be favored—they supposing that my living was *sure*, because there were others who employed me. I see my own folly in yielding so much to the wishes of others, and wish that those who are young, who may read this, would learn an important lesson before it be too late. I know of many other practitioners who have erred in the same way.

Further, I would query, how many *rich* physicians are there in the State, in comparison to those who are in very moderate circumstances? Is this owing to their not having employment? I think not, but mainly to their losses. To be sure, there may be some practitioners who may squander away their property, and do not calculate to save it—but this does not alter the nature of the evil which is complained of. The real earnings of physicians ought to be more duly appreciated—their debts ought to be considered more sacred—and the payments so regulated as to be made more sure.

At this time it is not requisite to enlarge. Much more might be said, but I am in hopes that something will, at a proper time, be *done*—for it is certain that the profession will grow no *richer* nor *wiser* by merely *talking*. Let all, who feel disposed, come forward and do something to the purpose at some future medical meeting, and see if there can be no way devised to raise the credit of practice in the community. If the community will only pay well, then the doctor can live and be able to obtain a reputable maintenance—pay all his debts, and have something left. I devise no particular plan, but wish and hope that all the

regular practitioners of the fraternity will seriously think of it. The subject might, I think, be brought forward and discussed at some future meeting of the Massachusetts Medical Society. When it convenes the members would have an opportunity to adopt some plan which might be put into operation throughout the Commonwealth, and have it published for the information and consideration of the people concerned. This would, no doubt, inspire a different feeling in the minds of our numerous employers, and prevent any hard thoughts when it was found that all the physicians had adopted *one rule*. This rule would soon become law and custom—and would ensure more encouragement to the physician, and better success to his employers.

R. C.

S. Hingham, Feb. 1, 1840.

GANGRENE OF THE LUNGS—RHEUMATISM.

THE case referred to on page 364 of the last volume of this Journal, in an extract from Dr. Gerhard's lecture, is thus alluded to by Dr. G. in a subsequent lecture published in the Medical Examiner :

This patient has been laboring under gangrene of the lungs consequent upon pneumonia. He is now convalescent, and is somewhat in the condition of the patient whom you have just seen ; that is, he suffers from the consequences of disease, rather than from disease itself, the active signs of the latter having entirely ceased. The man, as you see, walks about without any difficulty ; there is still some cough, more particularly in the morning ; the expectoration is muco-purulent, and has lost its gangrenous appearance ; the appetite is better, and the strength is rapidly improving ; the peculiar expression of his countenance is likewise indicative of convalescence. This change in the expression of the countenance, in convalescence from acute disease, has not, I think, been sufficiently attended to by authors ; it is a sort of subsidence of the features. Thus, at the decline of fevers and other acute diseases, we often observe a sudden paleness, accompanied by a sinking of the pulse, which sometimes falls, even in children, as low as fifty or sixty in the minute, and at the same time is often irregular. This state may be called the subsidence after fever, and is one of the best signs of convalescence.

For some days it has been unnecessary to put the patient under any kind of treatment, except the use of remedies calculated to relieve the few unpleasant symptoms which remain. During the progress of the pneumonia, and more particularly of the subsequent gangrene, it was necessary to employ stimuli, in order to support the system. These have been discontinued, and the patient has been put on the use of a combination of syrup of tolu, tartar emetic and laudanum, for the relief of the cough. Opiates are extremely useful as a palliation of cough ; but in acute pulmonary diseases, when there is much dyspnoea and general excitement, they must be used very cautiously. In such a case as the present, of course there can be no objection to their use.

I shall next show you a few cases of rheumatism. * * * *

* * * * This is a case of the sub-acute grade of rheumatism. There has been little or no swelling, but much pain in the lumbar region, and in the joints of the lower extremities. During the last two months the pain in the latter parts has been confined to the left side. Acute rheumatism exhibits a marked difference in the symptoms. There is not only severe pain in the joints, but a decided swelling, with a more or less distinct blush on the surface. These symptoms arise from inflammation of the fibrous membranes about the joint, extending also to the synovial membrane, and followed by effusion into its cavity. The inflammation often leaves one joint, and appears in another; in the one first attacked it gradually declines, and when it has almost disappeared, pain and swelling are developed in the other joint. Thus the disease is transferred from joint to joint, until at last five or six may become implicated in the disease. The articulations most frequently affected are those of the wrist, elbow, knee and ankle; the shoulder and hip are much less commonly the seat of rheumatism. Along with these local signs, the general symptoms of excitement are likewise very well marked. The pulse, particularly, is excited to a degree that may be termed extraordinary. It has a fullness and resistance which are hardly met with in any other form of disease. This variety of pulse is the most striking characteristic of the *rheumatic fever*. The heart is more or less affected in a very large proportion of cases. Sometimes its disorder is merely functional; there is only an increase of its action. But in at least one half of the cases of severe inflammatory rheumatism, there is actual disease—an inflammation of its investing and lining membranes—though either of them may be affected singly. Strange as it may appear, very few die of these acute inflammations of the heart. Why, therefore, is attention to them so important? It is because they are apt to result in a permanent organic lesion, from which the patient's life will be really in danger. Hence the physician should, in all cases of acute rheumatism, be on the look-out for the signs of cardiac disease; and, when detected, they should receive the most active attention. Generally, such affections will be manifested by a loud rasping or bellows sound, and dulness on percussion.

With regard to the treatment of inflammatory rheumatism, I shall, at present, say nothing, further than to observe that the natural course of the disease, when fairly begun, cannot be arrested abruptly by any means within our power. Various plans have been devised for the accomplishment of this end, but none of them have been found to succeed with certainty. Notwithstanding all our efforts, the disease will frequently continue for several weeks or months without the slightest abatement.

In sub-acute rheumatism, which more immediately interests us, *Dover's powder* is one of the best remedies at our command. It has been used in the case last detailed, with the most marked advantage. It acts both as a diaphoretic and an anodyne. Sweating will not cure the disease; it is, in fact, one of its invariable symptoms, unless prevented from taking place by some accidental circumstance, as a cold room, &c. When this is the case, the patient's sufferings are aggravated; hence

sweating appears to be a natural palliative of the disease, and remedies calculated to encourage it, cannot but do good, though they may not effect a cure. In some inflammatory cases, sweating appears to be more properly a curative process, almost a crisis. Dry cups were also applied to the loins in the preceding case, and acted very well. Scarification was not at first directed, in order that the action of the Dover's powder might not be interfered with. Two days afterwards the cups were repeated, but this time nine ounces of blood were drawn. A still greater improvement followed this application, and the patient has ever since continued convalescent.

You will remark that the local treatment in this case was directed to the spine alone. This method of treatment has been lately introduced by some English surgeons, especially Messrs. Teal and Tate, in neuralgia. Dr. Mitchell was the first, at least in this country, who adopted this practice in rheumatism, as well as in neuralgia. He applies it to acute, as well as other forms of rheumatism. My own experience has convinced me that it is best adapted to sub-acute cases, in which the spine and large joints of the extremities are simultaneously affected; and the pains radiate from the spine towards the limbs, especially if increased on pressure. In such instances, cups to the affected portion of the spine act almost as a specific. The utility of the practice is illustrated by the case under consideration. The first effect of cupping was to diminish the pain in the loins; but the knee and hip were subsequently relieved without any special application of the treatment to them. In some cases, however, the pain in the extremities continues after the subsidence of that in the spine; and then, of course, the cups have to be applied to the joints themselves. However perfect the cure may be, a return of the disease is nevertheless always to be looked for in rheumatic affections.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 12, 1840.

CRANIA AMERICANA.*

WE trust that the frequent reference made to this work, by Dr. Morton, is pardonable. Although it has but a remote connection with the profession, whose interests are the great concern of the Journal, it would be inexcusable to omit a proper notice of the beautifully-finished volume which prompts these observations. For many years, actuated by a zeal which no change of circumstances could lessen, Dr. Morton has been engaged in this enterprise, and has now brought to a successful issue a book which is of equal interest to the anatomist, phrenologist, physiologist, antiquarian, historian and philosopher. He has constructed a most perfect

* *Crania Americana*, or a comparative view of the Skulls of various aboriginal nations of North and South America, to which is prefixed an essay on the varieties of the human species. Illustrated by 70 plates and a colored map. By Samuel G. Morton, M.D. Philadelphia: J. Deben. London: Simpkin, Marshall & Co. Folio, pages 286. 1840.

folio, of two hundred and ninety-six pages, which looks like one of those finished English books made to endure the vicissitudes of ages.

The text commences with an introductory essay on the varieties of the human species, extending to 96 pages, in which there is a vast amount of that kind of information relating to the history of man in all ages, that will never grow stale by keeping. He must have little interest, indeed, in the progress of humanity, who could derive no pleasure or instruction from this preliminary discourse. Then follows a series of learned observations on the structure, physical character and habits of the ancient Peruvians, Mexicans, and nearly all the Indian tribes, of any notoriety, on the American continent. Intimately interwoven with a minute anatomical description of the skulls of individuals belonging to those races long since extinct, as well as those now on the stage of existence, there is such a variety of useful and entertaining matter, that no man of literary taste or scientific acquirements, can fail to be deeply interested by this rich assemblage of facts. Finally, there follow 78 plates, illustrative of the text and notes, of the natural size, and admirably executed. We have rarely seen lithographs that were so perfectly accurate.

In conclusion, we earnestly recommend to our professional friends to purchase this rare book—and we invite such as may wish to examine, with a view to understanding all its merits, to call in and look over the copy which has led to these remarks.

Medical Naval Pensioners.—Three surgeons and one surgeon's mate, only, are pensioners on the U. S. navy fund, viz., E. Field, surgeon's mate, \$10 per month from July, 1801; U. Parsons, surgeon, \$12 50 per month from February, 1816; R. R. Tinslar, Surgeon, \$6 50 month from Jan., 1830; Thomas Williamson, Surgeon, \$15 per month from December, 1835. Sixteen surgeons' widows, whose husbands died in the naval service, and six children, whose fathers were surgeons and also died in the service, draw pensions from Government. The average monthly pensions of the widows, is \$25. An act of March 3d, 1837, grants pensions to the widows, and if no widows, to the children under 21 years age, of all officers, seamen and marines who have died, or may hereafter die, in the naval service, to be paid from the time of the deaths, and to be half-pay of the navy, as such pay was on the 1st of January, 1835.

Statistics of Medical Colleges.—Several printed pages were received the other day from Prof. T. R. Beck, which shows that he allows himself no spare moments. From an examination of the mass of facts which he has brought together—and all, who have it in their power, should render every possible assistance—the future medical historians will have no severe labor in ascertaining how many men have been medically educated in the United States, from the organization of the first school, down to these degenerate days, when schools are so numerous, as a public functionary says, as to be “located at all the cross-roads.”

Medical Miscellany.—A quarantine has been laid at Norfolk, Virg., by the Board of Health, and also at Savannah and Charleston, on all vessels arriving at these ports from Boston.—Dr. J. M. Moriarty, of Gloucester,

Mass., has been appointed collector of that port.—Cases of smallpox have finally crept along from Boston, to the west side of the Green Mountains, in Vermont. Several teamsters from Vermont and New Hampshire, returned home and died with the disease before the character of it was fairly understood.—New virus has been procured lately from a cow in this neighborhood.—No exchange journals from the South have come to hand for some time, which is imputed to the interrupted intercourse between this city and New York.—With this number we commence the 22d volume of the Boston Medical and Surgical Journal.—An absconded, delinquent subscriber, who is indebted 2½ years for the Journal, kindly informs us from Indiana, through the postmaster, that “he did not take the Med. Journal it was a pardener of his and hee further says that he will do nothing about it.” We will not name the county of New York in which he formerly resided, for the sake of the many punctual subscribers which we have in that county.—The prospects of the Medical College of Vermont are considered to be uncommonly good for the coming lecture term.—Scarlet fever, which was rife a few weeks ago at the West, is subsiding.—Very few new English medical books have been imported of late.—Dr. Corbyn, editor of the India Medical Journal, and now residing at Fort William, Calcutta, is expecting to return to Europe in the course of the ensuing year, to educate his children.—A meeting of the Counsellors of the Massachusetts Medical Society was held at the Athenæum on Wednesday last. The business related principally to the organization of subordinate district societies.—John O’C. Brady, J. B. Gould, C. H. Wheelwright, R. W. Jeffrey, T. M. Potter, W. A. Nelson, W. G. G. Wilson, and John H. Wright, have all been appointed assistant surgeons in the U. S. Navy.—A new quarterly medical Journal has been issued at Madras, which constitutes an era in the medical history of India. The principal object, says the editor, in the publication, is to bring before the profession authentic reports on the principal diseases to which Europeans are subject in India, &c.—Dr. E. E. Marcy, of Hartford, Conn., has opened a *club-foot* infirmary, in which he performs operations exclusively for the restoration of club-feet.—A new quack medicine has appeared, bearing the new and before unheard-of name of *resurrection pills*.

TO CORRESPONDENTS AND READERS.—The communications of Drs. Ingalls, Luce, Williams and A. B., will be inserted as space will admit.—The attention of readers is invited to Dr. Woodward’s valuable collection of facts in this day’s Journal, which we trust is only the precursor of additional favors from the author’s well-furnished store-house.—The title page and index of Vol. XXI. will be sent to subscribers with the next No.

Whole number of deaths in Boston for the week ending February 5, 46. Males, 26—females, 26.
Of consumption, 11—smallpox, 5—inflammation of the brain, 1—scrofula, 1—quinsy, 1—convulsions, 1—old age, 3—burns, 2—dropsy on the brain, 2—croup, 2—lung fever, 3—influenza, 1—inflammation of the lungs, 1—sudden, 2—marasmus, 1—infantile, 1—pleurisy, 1—inflammatory fever, 1—stillborn, 1.

VERMONT ACADEMY OF MEDICINE.

LECTURES will commence in this institution on the second Tuesday of March, 1846, and continue thirteen weeks.

Theory and Practice of Medicine, by HORACE GREEN, M.D., N. Y. City.

General and Special Anatomy and Physiology, by ROBERT NELSON, M.D., St. Albans, Vt.

Chemistry and Pharmacy, by JAMES HADLEY, M.D., Fairfield, N. Y.

Principles and Practice of Surgery, by JAMES EVAN, M.D., Philadelphia.

Materia Medica and Obstetrics, by JOSEPH PERKINS, M.D., Castleton, Vt.

Medical Jurisprudence, by RALPH GOWDET, M.D., Middlebury, Vt.

The fee for all the courses is \$50. Matriculation fee, \$5. Graduation fee, \$15.

Castleton, Vt., Jan. 1846.

J 15—42

JOSEPH PERKINS, Registrar.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 463 ft.

1894.	January.	THERM.			BAROMETER.			Wind.	Weather.	REGIS- THER.	Remarks.
		10 A. M.	4 P. M.	Mean.	10 A. M.	4 P. M.	Mean.				
1	Wed.	-4	8	6	29.49	29.46	29.45	N	Fair		Very cold day.
2	Thur.	-3	11	12	29.32	29.29	29.29	N W	Fair		At 10, A. M. thermometer 1°.
3	Frid.	4	16	16	29.38	29.37	29.37	N W	Fair		Aurora borealis.
4	Satur.	11	26	18	29.33	29.32	29.32	N W	Fair		Very pleasant day. Aurora bore.
5	Sun.	15	25	25	29.30	29.26	29.26	N W	Fair		Aurora borealis. Zodiac light.
6	Mon.	24	29	25	29.31	29.24	29.29	N W	Fair		Very pleasant day.
7	Tues.	16	29	27	29.46	29.49	29.49	N W	Fair		Splendid sunset.
8	Wed.	16	27	25	29.44	29.41	29.42	N W	Fair		
9	Thur.	12	28	29	29.41	29.41	29.29	N W	Fair		
10	Frid.	22	30	30	29.38	29.35	29.26	N W	Fair		
11	Satur.	30	35	23	29.37	29.45	29.49	N E	Snow		Four inches of snow fell.
12	Sun.	9	14	14	29.52	29.60	29.63	N	Fair		Thermometer at zero at 10, P. M.
13	Mon.	15	23	23	29.46	29.31	29.38	S W	Snow		Three inches of snow fell.
14	Tues.	17	30	28	29.19	29.14	29.13	S W	Fair		Two inches of snow in evening.
15	Wed.	23	24	22	28.97	28.96	28.96	N W	Cloudy		Thermom. 5° at 9, P. M.
16	Thur.	-5	5	5	29.18	29.29	29.31	N W	Fair		Th. 6° below at 8; 2 do. at 10 A.M.
17	Frid.	-9	8	9	29.41	29.44	29.44	W	Fair		At 8 o'clock, thermom. 5° below.
18	Satur.	-4	7	5	29.46	29.45	29.45	N W	Fair		At 6 o'clock, thermom. 5° below.
19	Sun.	2	18	19	29.48	29.45	29.37	S W	Fair		
20	Mon.	22	32	28	29.36	29.36	29.39	S W	Fair		
21	Tues.	31	39	35	29.31	29.26	29.35	N W	Fair		Zodiac light brilliant.
22	Wed.	14	19	16	29.55	29.50	29.45	N E	Snow		Severe storm; 1 foot snow fell.
23	Thur.	14	26	26	28.76	28.58	28.69	N W	Fair		Wind changed at 9. Slightly P.M.
24	Frid.	8	15	15	29.22	29.31	29.40	S W	Fair		High wind.
25	Satur.	1	30	18	29.51	29.60	29.67	S W	Fair		
26	Sun.	6	14	16	29.26	29.28	29.28	W	Fair		
27	Mon.	13	19	18	29.22	29.76	29.78	N W	Cloudy		Snow squall.
28	Tues.	12	23	21	29.85	29.73	29.66	N W	Snow		Storm commenced at 10. Two in.
29	Wed.	34	34	34	29.53	29.46	29.42	S W	Rain		[snow fell]
30	Thur.	34	36	36	29.11	28.96	28.82	S	Rain		High wind in the night.
31	Frid.	25	28	25	29.16	29.45	29.49	N W	Fair		Aurora borealis.

The weather, during the past month, has been very cold. Much snow has fallen. The thermometer has ranged from 9 below zero to 39 above; barometer, from 28.58 to 29.68.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1894, and continue three months.

Anatomy and Surgery, by JOSEPH ROBY, M.D.

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Obstetrics, by EBENEZER WELLS, M.D.

Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me. Nov., 1893.

N 27—cop't

P. CLEAVELAND, Secretary.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 31—eptf

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